PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Pate....and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

Declaration OR

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	721P02US	
First Named Inventor	Dan Dan Yang	
COMPLETE	KNOWN	-
Application Number		
Filing Date		
Group Art Unit		:
Examiner Name	;	

As a below named inventor, I he	ereby declare that:			
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my nar	ne.	
I believe I am the original, first and names are listed below) of the sub	d sole inventor (if only o eject matter which is cla	ne name is listed below) imed and for which a pat	or an original, firs ent is sought on t	st and joint inventor (if plural the invention entitled:
METHOD OF SI RE-CONFIGURA		OL AND MANAG		
	(Title of	the Invention)		
the specification of which				
X is attached hereto		• •		
OR was filed on (MM/DD/YYYY)		as United S	tates Application	Number or PCT International
Application Number	and was	amended on (MM/DD/YY	YY)	(if applicable).
I hereby state that I have reviewed amended by any amendment spec	l and understand the co cifically referred to abov	entents of the above idented	tified specification	n, including the claims, as
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became av continuation-in-part app	vailable between the filing plication.	date of the prior	application and the national or
I hereby claim foreign priority benoor plant breeder's rights certificate than the United States of America patent, inventor's or plant breeder application on which priority is clair	e(s), or 365(a) of any F a, listed below and ha 's rights certificate(s), o	PCT international applica ve also identified below	ition which desig	nated at least one country other
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Num or Bar Code La		OR C	оптеspondence address below
Name Shapiro Coh	ien		
P.O. Box 34	40, Statio	on D	
City Ottawa		State ON	zıp K1P 6P1
Country Canada T	Telephone 613	3 232 5300	Fax 613 563 9231
I hereby declare that all statements made herein of my are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	ients were made with I. under 18 U.S.C. 10	n the knowledge that willful t	s made on information and belief
NAME OF SOLE OR FIRST INVENTOR:	A petition h	as been filed for this un	signed inventor
Given Name (first and middle [if any]) Dan Dan		Family Name Yang	
Inventor's Signature	<i></i>		Date 9/19/0/
Residence: City Ottawa	State ON	N Country CA	Citizenship CA
Mailing Address 35 Opeongo	Road		
City Ottawa	State ON	ZIP K1S 4L2	Country CA
NAME OF SECOND INVENTOR:	A petition has	been filed for this unsi	gned inventor
Given Name (first and middle [if any]) Greg	1	Family Name So 1	berg
Inventor's Signature	Se		Date 9/19/01
Residence: City Half Moon Bay	State CA	Country US	Citizenship US
Mailing Address 80 Amesport La	anding		
city Half Moon Bay	State CA	ZIP 94019	Country US
Additional inventors are being named on thes	supplemental Addition	nal Inventor(s) sheet(s) PTO/	SB/02A attached hereto

Please type a plus	sign (+) inside this box	 +

PTO/S8/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER	OF A	ATTO	DRN	EY	OR	
AUTHOR	IZAT	ION	OF	AG	ENT	•

Application Number	2,0		
Filing Date			
First Named Inventor		-	
Group Art Unit			- 1
Examiner Name			-
Attorney Docket Number	721p02US	.,	

I hereby appo	int:					٦	· · · · · · · · · · · · · · · · · · ·	\neg
Practition OR	ners at C	ustomer N	umber	- -			Place Customer Number Bar Code Label here	,
XX Practition	er(s) na	med below	•			ι		
EX Tractition	CI(3) IId	Nam			1	Registrat	tion Number	ገ :
		INAITI	5			registra	ilon ramber	1
	Har	old C.	Baker			19333]
	Rob	ert A.	Wilkes			28170		
	Rob	ert G.	Hendry			22927		
as my/our attor business in the	ney(s) or United \$	r agent(s) t States Pate	o prosecute the a ent and Trademark	pplication k Office c	identifie onnecte	d above, d therewith	and to transact all	
Please change t The above-			e address for the a er Number.	above-ide	ntified a	oplication	to:	
								
X Firm or Individual Na	ıme	Sh	apiro C <u>oh</u> e	n				
Address		Р.	O. Box 3440	0				
Address		St	ation D					
City		0t	tawa		State	ON	Zip K1P	6P1
Country		Ca	nada					
Telephone		61	<u>3-232-5300</u>		Fax	613-	563-9231	
I am the: X Applican Assignee Statemen	e of reco	rd of the er	ntire interest. See 73(b) is enclosed.	37 CFR 3	3.71. TO/SB/9	96).		
•		SIGNA	TURE of Applicant	or Assign	nee of R	ecord		
Name		Dan I	Dan Yang					
Signature								-
Date	-		9/19/	01				
NOTE: Signatures of all forms if more than one s	the invent	ors or assign s required, se	ees of record of the ere below*.	ntire interes	t or their r	epresentativ	e(s) are required. Subm	it multiple
Total of 1		ns are submi						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a	plus sign	(+) inside this box		+
---------------	-----------	---------------------	--	---

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER	OF A	TTOF	RNEY	OR
AUTHOR	IZATI	ON O	F AG	ENT

Application Number	74	
Filing Date		
First Named Inventor		
Group Art Unit		٠,
Examiner Name		 <u> </u>
Attorney Docket Number	721p02US	

I hereby appoint:				7
Practitioners a	Place Customer Number Bar Code Label here			
Practitioner(s)	named below:		Edder Nove	J
1 10011101(0)	Name	Re	egistration Number	
	Name	,,,,	giodi diloti i tottiboli	
На	rold C. Baker	1	9333	
	bert A. Wilkes		8170	19.
	bert G. Hendry		2927	
as my/our attorney(s) business in the Unite	or agent(s) to prosecute the appl d States Patent and Trademark O	ication identified a ffice connected th	bove, and to transact all erewith.	•
The above-menti	respondence address for the abo oned Customer Number.	ve-identified applic	cation to:	
OR F				
X Firm or Individual Name	Shapiro Cohen			
Address	P.O. Box 3440			
Address	Station D			
City	Ottawa	State	ON Zip K1P 6	P1
Country	Canada			
Telephone	613-232-5300	Fax	613 <u>-</u> 563-9231	
	ntor. cord of the entire interest. See 37 er 37 CFR 3.73(b) is enclosed. (F			
	SIGNATURE of Applicant or	Assignee of Recor	ď	
Name	Greg Solberg			
Signature	/years	Le_		
Date	9/11/81			
NOTE: Signatures of all the inv forms if more than one signature	entors or assignees of record of the entire e is required, see below.	interest or their repres	sentative(s) are required. Submit n	nultiple
T- 0	orms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.